

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/550594**

FILING DATE

APPLICANT(S)

**8/14/07 CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		2
4				1		2
5				1	1	2
6				2		2
7				2		1
8				2		2
9						
10				1		
11				2		
12				2		
13				2		
14			1			
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TOTAL IND.		↓	2	↓	8	↓
TOTAL DEP.	←		18	←	10	←
TOTAL CLAIMS			20		18	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						